## PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450



1Esteban A. Rockett 55576

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 20028 7590 05/03/2005 Lipsitz & McAllister, LLC Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below. 755 MAIN STREET MONROE, CT 06468 06/20/2005 CNGUYEN1 00000050 502117 09804857 Carol 01 FC:2501 700.00 DA 300.00 DA Meri (Signat 02 FC:1504 しいなく APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/804,857 03/13/2001 Zhao Liu 19282-023 2512 TITLE OF INVENTION: DATA RATE LIMITING SMALL ENTITY APPLN. TYPE **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$300 08/03/2005 \$1000 **EXAMINER** ART UNIT CLASS-SUBCLASS

Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

2664

(A) NAME OF ASSIGNEE

Authorized Signature

PHAM, BRENDA H

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

370-395000

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

2. For printing on the patent front page, list

Ceneral	Instrument	Corporatio	n

Please check the appropriate assignee category or categories (will not be printed on the patent):

Horsham, PA

4a. The following fee(s) are enclosed.	40. Payment of Fee(s):
Issue Fee	A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 502117 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above)	

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part

interest as shown by the records of the United States Patent and Trademark Office.

Typed or printed name

Registration No.

☐ Individual ☐ Corporation or other private group entity ☐ Governm

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Total Amount of Payment   Sy 1000   First Named Inventor   Shand Invento	t che									
FEE TRANSMITTAL For FY 2005  For Hammer Pharm Brenda Hy  Examiner Name  For PY 2005  For Deposit Account Separation Number: 502117  Deposit Account Deposit Account Number: 502117  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Charge fee(s) indicated below, except for the filing for Indicated below, except for Indicated below to Indicated below, except for Indicated below to Indicated below, except for Indicated below to Indicate			Complete if Known							
For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  Attorney Docket No.  D3030  METHOD OF PAYMENT (\$) 1000  METHOD OF PAYMENT (\$) 1000  Attorney Docket No.  D3030  METHOD OF PAYMENT (Check all that apply)  Check Credit card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing for the payments of fee(s) Charge fee(s) indicated below, except for the filing for the charge fee(s) indicated below, except for the filing for information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  SEARCH FEES	7 Fee Durs pant to the Cons	Applica	Application Number			09/804,857				
For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  Attorney Docket No.  D3030  METHOD OF PAYMENT (\$) 1000  METHOD OF PAYMENT (\$) 1000  Attorney Docket No.  D3030  METHOD OF PAYMENT (Check all that apply)  Check Credit card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing for the payments of fee(s) Charge fee(s) indicated below, except for the filing for the charge fee(s) indicated below, except for the filing for information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  FILING FEES  SEARCH FEES	FEE T	Filing D								
Group Art Unit   2664   Matter   Comparison   Attorney Docket No.   D3030	F. F. F.	or FY 2005		First Na	First Named Inventor			Zhao Liu		
TOTAL AMOUNT OF PAYMENT   (\$) 1000	Applicant claims	small entity st	atus. See 37 CFR 1.27	Examin	Examiner Name			Pham, Brenda H		
Attorney Docket No.   D3030	٠			Group /	Art Unit		2664	2664		
METHOD OF PAYMENT (check all that apply)   Check	TOTAL AMOUNT OF PAYMEN	т (	\$) 1000				D3030			
Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling for the deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below, except for the filling for the filling for the deposit of the filling for the filling f	METHOD OF PAYM	ENT (check	all that apply)			-				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fo										
### Time	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  under 37 CFR 1.16 and 1.17									
Second   S									· <del>- · · · · · · · · · · · · · · · · · ·</del>	
SEARCH FEES   Small Entity   Small	FEE CALCULATION	1								
Small Entity	1. BASIC FILING, S	EARCH, AI			,					
Application Type	FILII	NG FEES				EXAMINA'				
Utility 300 150 500 250 200 100  Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0   2. EXCESS CLAIM FEES  Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 50 100  Multiple dependent claims Total Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)				_						
Design   200   100   100   50   130   65									Fees Paid (	
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Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims over 20 or, for Reissues, each independent claim more than in the original patent 200 100  Multiple dependent claims Total Claims  -20 or HP=	Design	200	100 1	00	50	130		65		
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) = Fee Paid (\$)  HP=highest number of total claims pad for, if greater than 20  Indep. Claims  - 3 or HP=  HP=highest number of independent claims pad for, if greater than 3  3. APPLICATION SIZE FEE: If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 = Extra Sheets  Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fee Paid (\$)	_	200	100 3	300	150	160		80		
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
2. EXCESS CLAIM FEES  Fee Description  Fee(\$) Fee (\$)										
- 3 or HP=	Fee Description Each claim over 20 or, for Each independent claim of Multiple dependent claims Total Claims - 20 or HPs	Reissues, eac ver 3 or, for Re Extra Cla	eissues, each independen ims <u>Fee (\$)</u> =	nt claim mor	e than in the ori	Multiple	Depende	50 200 360 ent Claims	Fee (\$) 25 100	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 stored fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 =	- 3 or HP= HP=highest number of indepe	endent claims pai	x =	Fee Paid (	\$)					
Non-English Specification, \$130 fee (no small entity discount)  Complete (if applicable)  SUBMITTED BY  Name (Print/Type)  Esteban A. Rockett  Registration No. 55,578  Telephone  215-323-17:	If the specification and dra or fraction thereof. See 3: Total Sheets	wings exceed 5 U.S.C. 41(a)(	1)(G) and 37 CFR 1.16(s Number	). oer of each ac	iditional 50 or frac	tion thereof	<u>Fe</u>			
SUBMITTED BY  Name (Print/Type) Esteban A. Rockett Registration No. 55,578 Telephone 215-323-17	Non-English Specification, \$130 fee (no small entity discount) \$1000									
Name (Print/1996) Esteball A. Riberett	SUBMITTED BY						Оотпрі	iere (ii abblicable)		
Signature Date JUK7, 200	Name (Print/Type)	Esteban A	A. Roekett		Registration No	55,5	78 -	Telephone	215-323-1798	
	Signature						Date	JUNES	1,2005	

## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/804,857
Filing Date	03/13//2001
First Named Inventor	Zhao Liu
Group Art Unit	2664
Examiner Name	Pham, Brenda H.
Attornoy Docket Number	D3030

ENCLOSURES (check all that apply)								
X Fee Transmittal Form	Assignment Papers (for an Application)	After All	owance unication to Group					
Fee Attached	Drawing(s)	Appeal	Appeal Communication to Board of Appeals and Interferences					
Amendment/Reply	Licensing-Related papers	Appeal	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
After Final	Petition		Proprietary Information					
Affidavits/Declaration(s)	Petition to Convert to a Provisional Application	Status Letter with appropriate copies						
Extension of time Request	Power of Attorney, Revocation, Change of Correspondence	Other Enclosure(s) (please identify below)  Response to Restriction Requirement						
Express Abandonment Request	Address	☐ Asso	Associate Power of Attorney  RCE					
Information Disclosure Statement	Terminal Disclaimer	Copy	Copy of Notice to File Missing Parts X NOTICE OF ALLOWANCE-COPY					
Certified Copy of Priority Documents	Request for Refund	X ISSUE FEE						
Response to Missing Parts/	CD, Number of CDs							
Incomplete Application	Remarks	•						
Response to Missing Parts Under 37 CFR 1.52 or 1.53								
SIGNATUR	E OF APPLICANT, ATTORNEY, (	OR AGENT						
Firm or Individual Esteban A. Rockett	11	Registration No.	55,578					
Signature								
Date SIME 7,2005								
CERTIFICATE OF TRANSMITTAL/MAILING  I hereby certify that this correspondence is being facsimile transmitted to facsimile number or deposited with the								
United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to:  Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:								
Typed or printed name   Carol J. Smith								
Signature (cur)	Inich	Date J	W18 15 2005					